Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF TEXAS		
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

## Official Form 101

Part 1:

**Identify Yourself** 

# **Voluntary Petition for Individuals Filing for Bankruptcy**

**About Debtor 1:** 

Last Name

OR

06/22

About Debtor 2 (Spouse Only in a Joint Case):

xxx - xx - \_\_\_\_ \_\_\_\_

9xx - xx - \_\_\_\_ \_\_\_ \_\_\_

Last Name

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Your full name		
	Write the name that is on your government-issued picture identification (for example,	Alberto First Name	First Name
	your driver's license or passport).	C Middle Name	Middle Name
		Hernandez	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.		

 $xxx - xx - \underline{6} \underline{0} \underline{4} \underline{7}$ 

9xx - xx - \_\_\_\_ \_\_\_\_

(ITIN)

3. Only the last 4 digits of

your Social Security number or federal

**Individual Taxpayer** 

Identification number

Debtor 1 Alberto C Hernandez		Alberto C Hernandez		Case number (if known)		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	and Em		✓ I have not used any business names or EIN	ls.   I have not used any business names or EINs.		
(EIN) yo		cation Numbers ou have used in 8 years	Business name	Business name		
		trade names and	Business name	Business name		
	doing bu	usiness as names	Business name	Business name		
			EIN	EIN		
			EIN	EIN		
5.	Where y	you live		If Debtor 2 lives at a different address:		
			112 Flaxseed Ln  Number Street	Number Street		
			Fort Worth TX 76108			
			City State ZIP Code  Tarrant	City State ZIP Code		
			County	County		
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			Number Street	Number Street		
			P.O. Box	P.O. Box		
			City State ZIP Code	City State ZIP Code		
6.		u are choosing trict to file for	Check one:	Check one:		
	bankru		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Р	art 2:	Tell the Court Abo	out Your Bankruptcy Case			
7.	Bankru	ptcy Code you	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top o	lotice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.		
	are cno under	osing to file	Chapter 7			
			Chapter 11			
			Chapter 12			
			Chapter 13			

Deb	otor 1 Alberto C Hernand	lez	Case number (if known)				
8.	How you will pay the fee		I will pay the entire fee when court for more details about he pay with cash, cashier's check behalf, your attorney may pay	ow you may pay. Typica a, or money order. If you	ally, if you are pay ur attorney is sub	ring the fee your mitting your payr	self, you may
			I need to pay the fee in insta Individuals to Pay The Filing F	•		and attach the A	oplication for
			I request that my fee be waive By law, a judge may, but is not than 150% of the official pove fee in installments). If you cho Filing Fee Waived (Official Fo	t required to, waive your rty line that applies to your pose this option, you mu	r fee, and may do our family size an ast fill out the App	so only if your in d you are unable	ncome is less to pay the
9.	Have you filed for		No				
	bankruptcy within the last 8 years?	$\overline{\mathbf{A}}$	Yes.				
		Distri	ct Northern District of Als	S When	11/08/2017 MM / DD / YYYY	Case number	17-44089
		Distri	ct	When	MM / DD / YYYY	Case number	
		Distri	ct	When		Case number	
10.	Are any bankruptcy cases pending or being	<u> </u>	No		, 22,		
	filed by a spouse who is not filing this case with		Yes.				
	you, or by a business	Debt	or		Relationsh	nip to you	
	partner, or by an affiliate?	Distri	ct	Wher	MM / DD / YYYY	Case number, if known	
		Debt	or		Relationsh	nip to you	
		Distri	ct	When	MM / DD / YYYY	Case number, if known	
11.	Do you rent your residence?		No. Go to line 12. Yes. Has your landlord obtain	ned an eviction judgme	nt against you?		
				Statement About an Ev		Against You (Fo	rm 101A)

Debtor 1 Alberto C Hernand		z			Case number (i	f known)		
P	art 3:	Report About Ar	ıy Bı	usine	sses You Own as a	a Sole Proprietor		
12.		ı a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	usiness		
	busines individu separat	oroprietorship is a s you operate as an al, and is not a e legal entity such as ration, partnership, or			Name of business, if any  Number Street			
	LLC.							
	sole pro	ave more than one prietorship, use a sheet and attach it			City  Check the appropriate	box to describe your business:	State	ZIP Code
	to this p	etition.			Health Care Busin Single Asset Rea Stockbroker (as d	ness (as defined in 11 U.S.C. § I Estate (as defined in 11 U.S.C lefined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 10	c. § 101(51B))	
13.	Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C.				to proceed under Subchall business debtor or you nt balance sheet, statem f these documents do no	the court must know whether you apter V so that it can set appropriate choosing to proceed under the proceed under the compart of operations, cash-flow state exist, follow the procedure in	oriate deadline: Subchapter V atement, and fe	s. If you indicate that you  , you must attach your ederal income tax return
	§ 1182(1)? For a definition of small		No.	I am not filing under Cl	hapter 11.			
	business debtor, see 11 U.S.C. § 101(51D).			No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I am NOT a small bu	siness debtor a	according to the definition in
				Yes.		ter 11, I am a small business de I do not choose to proceed und	-	
				Yes.		ter 11, I am a debtor according t I choose to proceed under Sub		
P	art 4:	Report If You Ov	vn oı	r Hav	e Any Hazardous F	Property or Any Property	/ That Need	s Immediate Attention
14.	propert alleged immine	own or have any y that poses or is to pose a threat of nt and identifiable		No Yes.	What is the hazard?			
	hazard to public health or safety? Or do you own any property that needs immediate attention?				If immediate attention	is needed, why is it needed?		
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street		
						City	<del></del> <del>_</del>	tate ZIP Code

Debtor 1 Alberto C Hernandez

Case number (if known)

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:** 

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to re	eceive a	briefing	abou
credit counseling bed	cause of:		

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	I am not required to	o receive	a briefing	abou
	credit counseling l			

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Alberto C Hernandez		Z	Case number (if known)					
Р	art 6:	Answer These Q	uest	ions for Reporting Pu	rpos	ses		
16. What kind of debts do you have?						sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b			iness debts? Business debt ment or through the operation		e debts that you incurred to obtain e business or investment.
			16c	. State the type of debts yo	u owe	e that are not consumer or bus	sines	s debts.
17.	Are you Chapter	ı filing under r 7?		No. I am not filing under	Chap	ster 7. Go to line 18.		
	any exe exclude adminis are paid available	estimate that after empt property is ed and strative expenses d that funds will be le for distribution cured creditors?		-		•	-	xempt property is excluded and to distribute to unsecured creditors?
18.		any creditors do imate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you e your assets to h?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you e your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

Debtor 1	Alberto C Hernand	lez	Case number (if known)	Case number (if known)			
Part 7:	Sign Below						
or you		I have examined this petition, and I de and correct.	clare under penalty of perjury that the inform	nation provided is true			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance with the	chapter of title 11, United States Code, spec	cified in this petition.			
		9	t, concealing property, or obtaining money on n result in fines up to \$250,000, or imprisonn 9, and 3571.				
		X /s/ Alberto C Hernandez Alberto C Hernandez, Debtor 1	X Signature of Debtor 2	_			
		Executed on <u>07/15/2022</u> MM / DD / YYYY	Executed on MM / DD	)/YYYY			

Debtor 1	Alberto C Hernan	dez	Case number (if k	nown)	
represente	not represented by ey, you do not need	I, the attorney for the debtor(s) named in this petition, declare that I eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite relief available under each chapter for which the person is eligible. the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a carcertify that I have no knowledge after an inquiry that the information is incorrect.		ed States Code, and have explained the I also certify that I have delivered to ase in which § 707(b)(4)(D) applies,	
		X /s/ Alice Bower Signature of Attorney for De		Orate 07/15/2022 MM / DD / YYYYY	
		Alice Bower Printed name			
		Alice Bower Firm Name			
		Number Street	l. Suite 300		
		Fort Worth City	TX State	<b>76116</b> ZIP Code	
		Contact phone <b>(817) 737</b>	-5436 Email address ec	f@alicebower.com, alice@alicebo	
		<b>15148500</b> Bar number	TX State		

Fill in this inf	ormation to identif	v vour case	e and this filing:	1		
Debtor 1	Alberto C		Hernandez Last Name			
Debtor 2 (Spouse, if filing)		iddle Name	Last Name  DISTRICT OF TEXAS			
Case number (if known)				_	c if this is an ded filing	
Official Form Schedule A/					12/15	
Part 1: Des	On the top of any add scribe Each Reside or have any legal or eq	ditional pages	ying correct information. If mo , write your name and case nu ing, Land, or Other Real I st in any residence, building, la	mber (if known). Answer ev	ery question.	
1.1. 112 Flaxseed Ln	lere is the property?	Check al  Sing	the property? Il that apply. Ile-family home	amount of any secured clarge Creditors Who Have Claim	ns Secured by Property.	
Fort Worth			lex or multi-unit building dominium or cooperative ufactured or mobile home	Current value of the entire property? \$240,000.00	Current value of the portion you own? \$240,000.00	
Tarrant County  112 Flaxseed Ln Legal Description: WESTPOINT ADDITION (FT WORTH) Block 35 Lot 14			stment property eshare	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  fee simple  Check if this is community property (see instructions)  her		
		Check or	s an interest in the property? ne. tor 1 only			

Debtor 1	Alberto C Hernandez	Cas	se number (if known)	
1.2.  112 Flaxsee Street address, it	d Ln available, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property?	ims on Schedule D:
Fort Worth	TX 76108	Manufactured or mobile home	\$100.00	\$100.00
City	State ZIP Code	Land Investment property Timeshare	Describe the nature of yo interest (such as fee simple entireties, or a life estate)	ole, tenancy by the
County		Other	fee simple	,
Mineral Inte Legal Descr W SUR	rest iption: A-1201 OXFORD J	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about property identification number:	Check if this is comm (see instructions)	nunity property
		own for all of your entries from Part 1, inclu Part 1. Write that number here		\$240,100.00
Part 2:	Describe Your Vehicles			
you own that s		e interest in any vehicles, whether they are a vehicle, also report it on Schedule G: Executor vehicles, motorcycles	_	-
3.1.		Who has an interest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Make:	Ford	Check one.	amount of any secured clair Creditors Who Have Claim	
Model:	F150	Debtor 1 only  Debtor 2 only	Current value of the	Current value of the
Year:	1996	Debtor 2 only Debtor 1 and Debtor 2 only	entire property?	portion you own?
Approximate r	nileage: <b>227,444</b>	At least one of the debtors and another	\$1,000.00	\$1,000.00
Other information 1996 Ford F miles) - not	150 (approx. 227444	Check if this is community property (see instructions)		
3.2.		Who has an interest in the property?	Do not deduct secured clai	·
Make:	Ford	Check one.	amount of any secured clair Creditors Who Have Claim	
Model:	F150	Debtor 1 only  Debtor 2 only	Current value of the	Current value of the
Year:	2011	Debtor 1 and Debtor 2 only	entire property?	portion you own?
• •	nileage: <b>230,000</b>	At least one of the debtors and another	\$10,000.00	\$10,000.00
Other informat		Charle if this is somewhat		
2011 Ford F miles)	150 (approx. 230,000	(see instructions)		

Deb	tor 1	Alberto C He	ernandez Case number (if k	nown)
4.		es: Boats, trail	notor homes, ATVs and other recreational vehicles, other vehicles, and acceers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle acce	
5.			of the portion you own for all of your entries from Part 2, including any I have attached for Part 2. Write that number here	\$11,000.00
P	art 3:	1	Your Personal and Household Items	
Do	you own	or have any le	egal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		old goods and	d furnishings iances, furniture, linens, china, kitchenware	
	□ No			
	✓ Yes	. Describe	See continuation page(s).	\$2,760.00
7.	Electroi Example	es: Televisions	s and radios; audio, video, stereo, and digital equipment; computers, printers, so	
	□ No ☑ Yes	. Describe	See continuation page(s).	\$1,800.00
8.			nd figurines; paintings, prints, or other artwork; books, pictures, or other art objen, or baseball card collections; other collections, memorabilia, collectibles	cts;
	✓ No ☐ Yes	. Describe		
9.			s and hobbies  otographic, exercise, and other hobby equipment; bicycles, pool tables, golf club d kayaks; carpentry tools; musical instruments	os, skis;
	✓ No ☐ Yes	. Describe		
10.			es, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes	. Describe		
11.	Clothes Example		clothes, furs, leather coats, designer wear, shoes, accessories	
	_	. Describe	Clothing, shoes, and miscellaneous wearing apparel	\$500.00
12.			ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, wa	tches, gems,
	☐ No ✓ Yes	. Describe	Watches	\$50.00

Debt	or 1	Alberto C H	ernandez			Case number (if known)	
13.	Exampl	<b>m animals</b> es: Dogs, cats	, birds, horse	s			
	_	. Describe	1 Dog				\$1.00
14.	Any oth		nd househol	d items you did not alrea	ady list, including a	any health aids you	
		. Give specific					]
15.				entries from Part 3, inclunder here		for pages you have	\$5,111.00
Pa	rt 4:	Describe	Your Fina	ncial Assets			
Do y	ou own	or have any l	egal or equit	able interest in any of the	e following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	·	es: Money you petition	ı have in your	wallet, in your home, in a	safe deposit box, a	nd on hand when you file your	
	✓ No ☐ Yes	i				Cash:	
17.	•	_	houses, and	ther financial accounts; celepther similar institutions.	•		
	□ No ☑ Yes	i		Institution name:			
	17.	.1. Checking	g account:	PNC Bank Account			\$1,931.72
18.		mutual funds es: Bond fund		traded stocks accounts with brokerage f	firms, money marke	et accounts	
	✓ No ☐ Yes	i	Instituti	on or issuer name:			
19.	-	-		erests in incorporated an	nd unincorporated	businesses, including	
	info	. Give specific rmation about m		of entity:		% of ownership:	

Deb	tor 1 Alberto C Hernai	Alberto C Hernandez Case number (if known)					
20.	Negotiable instruments inclu	ude personal checl	er negotiable and non-negotiable ks, cashiers' checks, promissory n anot transfer to someone by signing	otes, and money orders.			
	✓ No  Yes. Give specific information about them	Issuer name:					
21.	Retirement or pension acc Examples: Interests in IRA, profit-sharing pla	, ERISA, Keogh, 40	01(k), 403(b), thrift savings accour	nts, or other pension or			
	✓ No  Yes. List each account separately. T	Type of account:	Institution name:				
22.	· · · · · · · · · · · · · · · · · · ·	posits you have ma	ade so that you may continue served rent, public utilities (electric, gas				
	☑ No						
23.	Yes  Annuities (A contract for a	specific periodic p	Institution name or individual: payment of money to you, either fo	r life or for a number of yea	ars)		
	✓ No  Yes			,	,		
24.	Interests in an education II 26 U.S.C. §§ 530(b)(1), 529.		t in a qualified ABLE program, o	r under a qualified state t	uition pro	gram.	
	<b>☑</b> No		and description. Separately file the	e records of any interests.	11 U.S.C.	§ 521(c)	
25.	Trusts, equitable or future powers exercisable for yo		erty (other than anything listed i	n line 1), and rights or			
	<ul><li>No</li><li>Yes. Give specific information about them</li></ul>						
26.		•	rets, and other intellectual prope proceeds from royalties and licens	• .			
	No ☐ Yes. Give specific information about them						
27.	Licenses, franchises, and Examples: Building permits	•	angibles es, cooperative association holding	gs, liquor licenses, professi	onal licens	ses	
	No ☐ Yes. Give specific information about them						
Mor	ney or property owed to you					Current value of the	
						portion you own? Do not deduct secured claims or exemptions.	
28.	Tax refunds owed to you						
	☑ No				1		
	Yes. Give specific infor about them, including w	I			Federal	<u> </u>	
	you already filed the retained the tax years	I			State: Local:		
		1			Local.		

Deb	otor 1 Alberto C Hernandez	Case number (if known)
29.	Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintena	ance, divorce settlement, property settlement
	✓ No  ☐ Yes. Give specific information	Alimony:
		Maintenance:
		Divorce settlement:
		Property settlement:
30.	Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pa compensation, Social Security benefits; unpaid loans you made to some  No  No	
	Yes. Give specific information	
31.	Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit	, homeowner's, or renter's insurance
	No  Yes. Name the insurance company of each policy and list its value Company name:  Ber	neficiary: Surrender or refund value:
32.	Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance police entitled to receive property because someone has died	cy, or are currently
	<ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>	
33.	Claims against third parties, whether or not you have filed a lawsuit or made a Examples: Accidents, employment disputes, insurance claims, or rights to sue	demand for payment
	✓ No ☐ Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclarights to set off claims	nims of the debtor and
	✓ No  Yes. Describe each claim	
35.	Any financial assets you did not already list	
	<ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>	
36.	Add the dollar value of all of your entries from Part 4, including any entries for attached for Part 4. Write that number here	
Pa	art 5: Describe Any Business-Related Property You Own or Have	e an Interest In. List any real estate in Part 1
37.	Do you own or have any legal or equitable interest in any business-related pro	perty?
	✓ No. Go to Part 6.  ✓ Yes. Go to line 38.	

Debtor 1		Alberto C Hernandez	Case number (if known)		
<b>3</b> 8	Accour	nts receivable or commissions you already earned		Current value of the portion you own? Do not deduct secured claims or exemptions.	
JO.		• •			
	✓ No ☐ Yes	s. Describe		]	
39.		equipment, furnishings, and supplies  les: Business-related computers, software, modems, printers, copiers, fax desks, chairs, electronic devices	machines, rugs, telephones,		
	✓ No ☐ Yes	s. Describe		]	
40.	Machin	nery, fixtures, equipment, supplies you use in business, and tools of y	our trade		
	<b>√</b> No			_	
		s. Describe			
41.	Invento	ory		J	
	✓ No ☐ Yes	s. Describe		]	
42.	Interes	sts in partnerships or joint ventures		J	
	✓ No ☐ Yes	s. Describe Name of entity:	% of ownership:		
43.	Custon	ner lists, mailing lists, or other compilations			
	✓ No ☐ Yes	s. <b>Do your lists include personally identifiable information</b> (as defined No Yes. Describe	d in 11 U.S.C. § 101(41A))?	]	
44.	Any bu	usiness-related property you did not already list			
	✓ No ☐ Yes	s. Give specific information.			
45.		e dollar value of all of your entries from Part 5, including any entries fed for Part 5. Write that number here		\$0.00	
Pa		Describe Any Farm- and Commercial Fishing-Related Pr If you own or have an interest in farmland, list it in Part 1.	operty You Own or Have a	n Interest In.	
46.	Do you	own or have any legal or equitable interest in any farm- or commerci	ial fishing-related property?		
	_	. Go to Part 7. s. Go to line 47.			

Deb	tor 1 🔼	Alberto C Hernandez	Case number (if known)	
				Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm anii	imals s: Livestock, poultry, farm-raised fish		
	✓ No	5. Livestock, pounty, rann-raised non		
	☐ Yes			
	_			
48.	Cropsei	either growing or harvested		
	<b>√</b> No			_
	Yes.	Give specific		
		mation		
49.	Farm and	d fishing equipment, implements, machinery, fixtures, and tools	s of trade	
	<b>☑</b> No			$\neg$
	Yes			
50.	Farm and	d fishing supplies, chemicals, and feed		
	✓ No ☐ Yes			$\neg$
	ш			
51.	Any farm	n- and commercial fishing-related property you did not already I	ist	
	<b>√</b> No			
	Yes.	Give specific		
		mation		
52.		dollar value of all of your entries from Part 6, including any entr I for Part 6. Write that number here	_	\$0.00
	undoned	To Full O. This that hamber here.		
Pa	art 7: D	Describe All Property You Own or Have an Interest in	n That You Did Not List Abov	e
53.	-	nave other property of any kind you did not already list? s: Season tickets, country club membership		
	<b>⋈</b> No			
	_	Give specific information.		
				\$0.00
54.	Add the c	dollar value of all of your entries from Part 7. Write that number	r nere <b>7</b>	<del></del>

Debtor 1	Alberto C Hernandez	Case nu	umber (if known)		
Part 8:	List the Totals of Each Part of this Form				
55. Part 1	: Total real estate, line 2		<b></b>		\$240,100.00
56. Part 2	: Total vehicles, line 5	\$11,000.00			
57. Part 3	: Total personal and household items, line 15	\$5,111.00			
58. Part 4	: Total financial assets, line 36	\$1,931.72			
59. Part 5	: Total business-related property, line 45	\$0.00			
60. Part 6	: Total farm- and fishing-related property, line 52	\$0.00			
61. Part 7	: Total other property not listed, line 54	+\$0.00			
62. Total	personal property. Add lines 56 through 61	\$18,042.72	Copy personal property total	+	\$18,042.72
63. Total	of all property on Schedule A/B. Add line 55 + line 62				\$258,142.72

Del	otor 1 Alberto C Hernandez	Case number (if known)	
6.	Household goods and furnishings (details):		
	Microwave	_	\$140.00
	Dresser	_	\$120.00
	Nightstand	-	\$40.00
	Mirror	-	\$30.00
	Bed	_	\$200.00
	Recliner, couches, loveseats	_	\$150.00
	Coffee Tables	_	\$100.00
	Dinner Table	_	\$100.00
	Kitchen items, pots, pans, dishes, utensils, etc.	_	\$350.00
	Washer/ Dryer	_	\$350.00
	Refrigerator	_	\$300.00
	Books	_	\$100.00
	Autotools	<u> </u>	\$600.00
	Blender and misc small appliances	<u> </u>	\$180.00
7.	Electronics (details):		
	Televisions (2), laptop computer, cellphone, etc.	-	\$1,300.00
	Stereo Receiver	_	\$180.00
	Speakers	_	\$80.00
	Movies	_	\$100.00
	Tablet, cell phone, ipod	_	\$140.00

Fill in this inf	iormation to i	dontify your				
Fill in this inf		_				
Debtor 1	Alberto First Name	C Middle Name	Hernande E Last Name	ez_		
Debtor 2	<del></del>					
(Spouse, if filing)		Middle Name		EV	ve	
	nkrupicy Court to	rine: <b>NOKTHE</b>	RN DISTRICT OF 1		<del></del>	Check if this is an amended filing
Case number (if known)						unicided ming
Official Form	106C					
Schedule C	: The Prope	erty You Cl	aim as Exemp	t		04/2
Using the property	you listed on <i>Scl</i> ill out and attach t	nedule A/B: Prop to this page as m	erty (Official Form 106	SA/B)	as your source, list	responsible for supplying correct information. the property that you claim as exempt. If more cessary. On the top of any additional pages,
s to state a speci exempted up to the receive certain be exemption of 100°	fic dollar amoun ne amount of any enefits, and tax-e % of fair market	t as exempt. Al applicable stat xempt retirement value under a la	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe	claii emp imite mpti	n the full fair marke tionssuch as thos d in dollar amount on to a particular d	n you claim. One way of doing so et value of the property being se for health aids, rights to However, if you claim an ollar amount and the value of the able statutory amount.
Part 1: Ide	entify the Prop	erty You Cla	im as Exempt			
I. Which set of	exemptions are	you claiming?	Check one only,	even	if your spouse is fili	ng with you.
سخا	•		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U	S.C. § 522(b)(3)	
2. For any prop	erty you list on S	Schedule A/B th	at you claim as exen	npt, 1	ill in the informatio	n below.
Brief description of Schedule A/B that			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: 112 Flaxseed Lr Legal Descriptio (FT WORTH) Blo Line from Schedule	on: WESTPOIN ock 35 Lot 14	T ADDITION	\$240,000.00		100% of fair marke value, up to any applicable statutory limit	. 55
Brief description:			\$100.00	$\overline{\mathbf{Q}}$	\$100.00	Const. art. 16 §§ 50, 51, Texas
Mineral Interest Legal Descriptio SUR		FORD J W			100% of fair market value, up to any applicable statutory	Prop. Code §§ 41.001002
_ine from Schedule	e A/B:				limit	
•	•	-	more than \$189,0503 rears after that for cas		ed on or after the da	ate of adjustment.)
✓ No ☐ Yes. Did	d you acquire the	property covered	I by the exemption wit	hin 1	,215 days before you	u filed this case?

Official Form 106C

□ No Yes

Alberto C Hernandez		Case numbe	r (if known)
Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: 1996 Ford F150 (approx. 227444 miles) - not operational Line from Schedule A/B:	\$1,000.00	☐ 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description: 2011 Ford F150 (approx. 230,000 miles) Line from Schedule A/B:	\$10,000.00	\$10,000.00  100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description:  Microwave  Line from Schedule A/B:6	\$140.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description:  Dresser  Line from Schedule A/B:6	\$120.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description:  Nightstand  Line from Schedule A/B:6	\$40.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description:  Mirror  Line from Schedule A/B:6	\$30.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: <b>Bed</b> Line from <i>Schedule A/B</i> :6	\$200.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: <b>Recliner, couches, loveseats</b> Line from <i>Schedule A/B</i> :6	\$150.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description:  Coffee Tables  Line from Schedule A/B:6	<u>\$100.00</u>	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)

Debtor 1	Alberto C Hernandez	Case number (if known)					
Part 2:	Additional Page						
	ription of the property and line on A/B that lists this property	Current value of the portion you own		ount of the emption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B		eck only one box for th exemption			
Brief description Dinner Ta	•	\$100.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
etc.	ption: ems, pots, pans, dishes, utensils, chedule A/B:6	\$350.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
Brief descrip Washer/ D Line from S	•	\$350.00	□	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
Brief descriperate  Refrigerate  Line from S	•	\$300.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
Brief descripe Books Line from S	ption: Schedule A/B: <b>6</b>	\$100.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
Brief description Autotools Line from S	•	\$600.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
	ption: nd misc small appliances chedule A/B:6	\$180.00		\$180.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
cellphone	ns (2), laptop computer,	\$1,300.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		
Brief descrip Stereo Re Line from S		\$180.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)		

Debtor 1	Alberto C Hernandez	Case number (if known)				
Part 2:	Additional Page					
	ription of the property and line on A/B that lists this property	Current value of the portion you own		ount of the emption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B		eck only one box for ch exemption		
Speakers Line from S	•	\$80.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
Brief descri Movies Line from S	iption: Schedule A/B: <b>7</b>	\$100.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
	iption: ell phone, ipod Schedule A/B: <b>7</b>	<u>\$140.00</u>		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
wearing a	shoes, and miscellaneous	\$500.00		\$500.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)	
Brief descri Watches Line from S	iption: Schedule A/B: <b>12</b>	<u>\$50.00</u>		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)	
Brief descri 1 Dog Line from S	iption: Schedule A/B: <b>13</b>	\$1.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)	

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Alberto C Hernandez CASE NO

CHAPTER 13

Scheme Selected: State

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

### **Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$240,100.00	\$70,389.67	\$169,710.33	\$169,710.33	\$0.00
3.	Motor vehicles (cars, etc.)	\$11,000.00	\$0.00	\$11,000.00	\$11,000.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$2,760.00	\$0.00	\$2,760.00	\$2,760.00	\$0.00
7.	Electronics	\$1,800.00	\$0.00	\$1,800.00	\$1,800.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$500.00	\$0.00	\$500.00	\$500.00	\$0.00
12.	Jewelry	\$50.00	\$0.00	\$50.00	\$50.00	\$0.00
13.	Non-farm animals	\$1.00	\$0.00	\$1.00	\$1.00	\$0.00
14.	Unlisted pers. and household itemsincl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$1,931.72	\$0.00	\$1,931.72	\$0.00	\$1,931.72
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

### **UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS** FORT WORTH DIVISION

IN RE: Alberto C Hernandez CASE NO

> CHAPTER 13

### SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

**Exemption Totals by Category:** 

	Gross	Total	Total	Total Amount	Total Amount
Category	Property Value	Encumbrances	Equity	Exempt	Non-Exempt
Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cropseither growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:	\$258,142.72	\$70,389.67	\$187,753.05	\$185,821.33	\$1,931.72
	Family support Other amounts someone owes you Interests in insurance policies Any int. in prop. due you from someone who has died Claims vs. third parties, even if no demand Other contin. and unliq. claims of every nature Any financial assets you did not already list Accounts rec. or commissions you already earned Office equipment, furnishings, and supplies Mach., fixt., equip., bus. suppl., tools of trade Inventory Interests in partnerships or joint ventures Customer and mailing lists, or other compilations Any business-related property not already listed Farm animals Cropseither growing or harvested Farm/fishing equip., impl., mach., fixt., tools Farm and fishing supplies, chemicals, and feed Farm/commercial fishing-related prop. not listed Any other property of any kind not already listed	Family support Other amounts someone owes you Interests in insurance policies Any int. in prop. due you from someone who has died Claims vs. third parties, even if no demand Other contin. and unliq. claims of every nature Any financial assets you did not already list Accounts rec. or commissions you already earned Office equipment, furnishings, and supplies Mach., fixt., equip., bus. suppl., tools of trade Inventory Interests in partnerships or joint ventures Customer and mailing lists, or other compilations Any business-related property not already listed Farm animals Cropseither growing or harvested Farm/fishing equip., impl., mach., fixt., tools Farm/commercial fishing-related prop. not listed Any other property of any kind not already listed	Family support \$0.00 \$0.00 \$0.00 \$0.00 Interests in insurance policies \$0.00 \$0.00 \$0.00 \$0.00 Any int. in prop. due you from someone who has died Claims vs. third parties, even if no demand Other contin. and unliq. claims of every nature Any financial assets you did not already list Accounts rec. or commissions you already earned Office equipment, furnishings, and supplies Mach., fixt., equip., bus. suppl., tools of trade Inventory \$0.00 \$0.00 \$0.00 Interests in partnerships or joint ventures Customer and mailing lists, or other compilations Any business-related property not already listed \$0.00 \$0	Category         Property Value         Encumbrances         Equity           Family support         \$0.00         \$0.00         \$0.00         \$0.00           Other amounts someone owes you         \$0.00         \$0.00         \$0.00         \$0.00           Interests in insurance policies         \$0.00         \$0.00         \$0.00         \$0.00           Any int. in prop. due you from someone who has died         \$0.00         \$0.00         \$0.00         \$0.00           Claims vs. third parties, even if no demand         \$0.00         \$0.00         \$0.00         \$0.00           Other contin, and unliq, claims of every nature         \$0.00         \$0.00         \$0.00         \$0.00           Any financial assets you did not already list         \$0.00         \$0.00         \$0.00         \$0.00           Accounts rec. or commissions you already earned         \$0.00         \$0.00         \$0.00         \$0.00           Office equipment, furnishings, and supplies         \$0.00         \$0.00         \$0.00         \$0.00           Mach., fixt., equip., bus. suppl., tools of trade         \$0.00         \$0.00         \$0.00         \$0.00           Inventory         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00           Interests in partnerships or joint ventur	Category         Property Value         Encumbrances         Equity         Exempt           Family support         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00           Other amounts someone owes you         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00           Any int. in prop. due you from someone who has died         \$0.00         \$0.00         \$0.00         \$0.00           Claims vs. third parties, even if no demand         \$0.00         \$0.00         \$0.00         \$0.00           Other contin. and unliq. claims of every nature         \$0.00         \$0.00         \$0.00         \$0.00           Any financial assets you did not already list         \$0.00         \$0.00         \$0.00         \$0.00           Accounts rec. or commissions you already earned         \$0.00         \$0.00         \$0.00         \$0.00           Offlice equipment, furnishings, and supplies         \$0.00         \$0.00         \$0.00         \$0.00           Mach, fixt., equip., bus. suppl., tools of trade         \$0.00         \$0.00         \$0.00         \$0.00           Interests in partnerships or joint ventures         \$0.00         \$0.00         \$0.00         \$0.00           Customer and mailling lists, or other compilations         \$0.00         \$0.00<

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Alberto C Hernandez CASE NO

CHAPTER 13

### SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

#### **Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

#### **Non-Exempt Property by Item:**

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
Real Property (None)				
Personal Property				
PNC Bank Account	\$1,931.72		\$1,931.72	\$1,931.72
TOTALS:	\$1,931.72	\$0.00	\$1,931.72	\$1,931.72

Summary			
A. Gross Property Value (not including surrendered property)	\$258,142.72		
B. Gross Property Value of Surrendered Property \$0			
C. Total Gross Property Value (A+B)	\$258,142.72		
D. Gross Amount of Encumbrances (not including surrendered property)	\$70,389.67		
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00		
F. Total Gross Encumbrances (D+E)	\$70,389.67		
G. Total Equity (not including surrendered property) / (A-D)	\$187,753.05		
H. Total Equity in surrendered items (B-E)	\$0.00		
I. Total Equity (C-F)	\$187,753.05		
J. Total Exemptions Claimed	\$185,821.33		
K. Total Non-Exempt Property Remaining (G-J)	\$1,931.72		

Fill in this inf	ormation to	identify your ooc	<b>0</b> 1			
Debtor 1	Alberto	identify your cas	Hernandez			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court	for the: <b>NORTHERN</b>	DISTRICT OF TEXAS	<u> </u>		
Case number (if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors	s Who Have Cl	aims Secured b	v Property		12/15
No. Che Yes. Fill  Part 1: Lis  2. List all securclaim, list the creditor has a	ck this box and in all of the info the theorem of the control of t	ormation below.	n one secured nore than one sin Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the	ne property that	\$37,433.22	\$240,000.00	
Colonial Savings Creditor's name 2626 West Fwy. Number Street		112 Flaxs				
As of the date you file, the claim is: Check all that apply.    Contingent						
Date debt was inc	urred <u>04/20</u>	04 Last 4 digit	s of account number	9 7 7 9		
Mortgage matur	es May, 2024	l.				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$37,433.22

Debtor 1 Alberto C Hernandez				Case number (if known)			
Part 1: Additional Page After listing any entries on the sequentially from the previous		g any entries on		Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
		ng B	Describe the property that secures the claim: 112 Flaxseed Ln	\$15,085.37	\$240,000.00		
Debtor 1 Debtor 2 Debtor 1 Debtor 1 Check i	State the debt? Cho l only only only and Debtor 2	only another	As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, many Judgment lien from a lawsuit  Other (including a right to offset)  Mortgage arrears	s mortgage or secured	car loan)		
2.3  Colonial S  Creditor's nam 2626 West		Various ng B	Last 4 digits of account number  Describe the property that secures the claim:  112 Flaxseed Ln	9 7 7 9 \$3,430.02	\$240,000.00		
Debtor 1 Debtor 2 Debtor 1 Debtor 1 At least Check i	State the debt? Che I only only and Debtor 2 one of the debt f this claim re mmunity debt	only otors and another	As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, my Judgment lien from a lawsuit Other (including a right to offset) Post-Petition Arrears	s mortgage or secured	car loan)		
Date dept w	as incurred		Last 4 digits of account number				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$18,515.39

Debtor 1 Alberto C Hernandez	Case number (if known)					
Additional Page Part 1: After listing any entries on sequentially from the previous	• • •	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
Tarrant County Creditor's name Linebarger Goggan Blair & Sampson	Describe the property that secures the claim: 112 Flaxseed Ln	\$4,086.30	\$240,000.00			
Number Street c/o Melissa L. Palo  2777 N. Stemmons Frwy Suite 1000  Dallas TX 75207 City State ZIP Code  Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit  Other (including a right to offset) Taxes					
Date debt was incurred	Last 4 digits of account number					
2.5  U.S. Department of Housing and Urba Creditor's name 451 7th Street S.W.  Number Street	Describe the property that secures the claim: 112 Flaxseed Ln	\$10,354.76	\$240,000.00			
Washington DC 20410 City State ZIP Code  Who owes the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt  Date debt was incurred	As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, many Judgment lien from a lawsuit Other (including a right to offset) real estate lien note  Last 4 digits of account number	mortgage or secured	car loan)			
	-					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$14,441.06

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$70,389.67

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.					-		
Debtor 2 (Spouse, if filing)   First Name   Middle Name   Last Name	Fill in this inf	ormation to i	dentify your c	ase:			
Debtor 2 (Spouse, If filing) First Name	Debtor 1	Alberto	С	Hernandez			
Check if this is an amended filling   Check if this is an amended filling		First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS  Case number (if known)  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases (Difficial Form 1965). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim its. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's na	Debtor 2						
Case number ((If known)   Check if this is an amended filing   Check if this is an about profit property (Clinical For each claim is an amended filing   Check if this is an about priority amounts, list the Check in this chaim is an amended filing   Check if this is an about priority amounts, list the creditor sparately for each claim is the order according to the creditor's name. If more space is needed for priority unsecured claims, lift out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other reditors in Part 3.   (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim Priority amounts, list that dapply.  Contingent Unliquidated		First Name	Middle Name	Last Name			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ABA: Property (Official Form 1064B) and on Schedule ABA: Property (Official Form 1064B) and on Schedule O: Creditors With Open Contracts and Unexpired Leases (Official Form 1065B). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim Priority amount Nonpriority amount Priority amount Nonpriority amount Nonpriority amount Nonpriority amount Nonpriority amount Nonpriority Nonp	United States Ba	nkruptcy Court fo	the: <b>NORTHER</b>	RN DISTRICT OF TEXAS			
Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106Ch). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and priority							an
Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on unexpired leases that could result in a claim. Also list executory contracts on unexpired leases that could result in a claim. Also list executory contracts on unexpired leases that could result in a claim. Also list executory contracts on the claims. Also list executory contracts on unexpired leases that could result in a claim. Also list executory contracts on unexpired leases (ficial Form 106A). Do not include any creditors with partial part					J	amended ming	
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106C). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.	Official Form	106E/F					
claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and University of Indiana (Indiana Secured By Property. If more space is needed, copy the Part 1:	Schedule E/	F: Creditor	s Who Hav	e Unsecured Claims			12/15
No. Go to Part 2.	claims. List the o on <i>Schedule A/B:</i> Do not include an If more space is n	ther party to any Property (Officially creditors with deeded, copy the	executory contr al Form 106A/B) partially secured Part you need, f	racts or unexpired leases that cou and on <i>Schedule G: Executory Co</i> I claims that are listed in <i>Schedul</i> Ill it out, number the entries in the	Id result in a claim. Antracts and Unexpire on D: Creditors Who Hoboxes on the left. At	Also list executor d Leases (Officia old Claims Secur	y contracts I Form 106G). ed by Property.
No. Go to Part 2.   Yes.	Part 1: Lis	t All of Your I	PRIORITY Uns	secured Claims			
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim Priority amount  Nonpriority amount  Priority amount  Street  PO Box 7346  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?	<ol> <li>Do any credit</li> </ol>	tors have priority	unsecured clai	ns against you?			
claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.  Total claim Priority amount  Nonpriority amount  State Claim Street  When was the debt incurred? 12/31/2021  When was the debt incurred? 12/31/2021  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  Disputed  Type of PRIORITY unsecured claim:  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 3 and another Claims for a community debt is the claim subject to offset?	<u> </u>	to Part 2.					
2.1   State   State   ZIP Code   City   State   ZIP Code   City   Debtor 1 only   Debtor 2 only   Debtor 2 only   At least one of the debtors and another   Check if this claim is for a community debt is the claim subject to offset?    Cast 4 digits of account number   St,4,600.00   \$4,600.00   \$0.00     \$4,600.00   \$4,600.00   \$0.00     \$4,600.00   \$4,600.00   \$0.00     \$	claim. For ea show both prid more space is	ch claim listed, id ority and nonprior oneeded for priori	entify what type o ty amounts. As n ty unsecured clai	f claim it is. If a claim has both prionuch as possible, list the claims in a	rity and nonpriority amo Iphabetical order acco	ounts, list that clair rding to the credito	m here and or's name. If
2.1 \$4,600.00 \$4,600.00 \$0.00 \$0.00 \$1.00 \$0.00 \$1.00	(For an explar	nation of each typ	e of claim, see th	e instructions for this form in the ins	truction booklet.		
Internal Revenue Service Priority Creditor's Name Insolvency Unit Number Street PO Box 7346  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Last 4 digits of account number  When was the debt incurred? 12/31/2021  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	` .	,	·			•	
Last 4 digits of account number   Last 4 digits of account in section   Last 4 digits of account in sectio	2.1				\$4,600.00	\$4,600.00	\$0.00
Minsolvency Unit   Number   Street				. Last 4 digits of account number			
As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify	•			•			
Philadelphia PA 19101-7346 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  As of the date you mie, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify				When was the debt incurred?	12/31/2021	-	
Philadelphia PA 19101-7346 City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt is the claim subject to offset?  ✓ Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify	PO Box 7346			As of the date you file, the claim	is: Check all that app	ly.	
Philadelphia PA 19101-7346  City State ZIP Code  Who incurred the debt? Check one.  Type of PRIORITY unsecured claim:  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  Disputed  Type of PRIORITY unsecured claim:  Claims cupront obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify							
Who incurred the debt? Check one.  Type of PRIORITY unsecured claim:  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify	Philadelphia			·			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Intoxicated  Other. Specify  Domestic support obligations  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were intoxicated  Other. Specify	•			Type of PRIORITY unsecured cla	aim:		
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were □ intoxicated □ Other. Specify	Debtor 1 only			- · · · · · · · · · · · · · · · · · · ·			
At least one of the debtors and another intoxicated  Check if this claim is for a community debt  Is the claim subject to offset?	Debtor 2 only	Nahitan Olas II.		Taxes and certain other debts		ent	
Check if this claim is for a community debt Other. Specify Is the claim subject to offset?			another		njury while you were		
Is the claim subject to offset?	<b>—</b>						
·			mininty uebt	U оптет. Эреспу			
Yes	-						
	Yes						

Alberto C Hernandez	Case	e number (if known)					
Part 1: Your PRIORITY Unsecured C	laims Continuation Page						
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim	Priority amount	Nonpriority amount			
2.2		\$1,886.00	\$0.00	\$1,886.00			
Internal Revenue Service Priority Creditor's Name	- Last 4 digits of account number _						
Insolvency Unit Number Street	_ When was the debt incurred? 12	/31/2013					
PO Box 7346	<ul> <li>As of the date you file, the claim is:</li> <li>☐ Contingent</li> </ul>	Check all that apply	у.				
Philadelphia PA 19101-7346 City State ZIP Code	Unliquidated Disputed						
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:	:					
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	<ul> <li>□ Domestic support obligations</li> <li>☑ Taxes and certain other debts you owe the government</li> <li>□ Claims for death or personal injury while you were</li> </ul>						
Check if this claim is for a community debt	intoxicated  Other. Specify						
Is the claim subject to offset?  ✓ No  ☐ Yes							
2.3		\$3,620.00	\$3,620.00	\$0.00			
The Law Office of Alice Bower Priority Creditor's Name	- Last 4 digits of account number _						
6421 Camp Bowie Blvd., #300 Number Street	_ When was the debt incurred?						
	<ul> <li>As of the date you file, the claim is:</li> <li>Contingent</li> </ul>	Check all that apply	у.				
Fort Worth         TX         76116           City         State         ZIP Code	Unliquidated Disputed						
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:	:					
□ Debtor 1 only     □ Debtor 2 only     □ Debtor 1 and Debtor 2 only     □ At least one of the debtors and another	Domestic support obligations Taxes and certain other debts you Claims for death or personal injury		nt				
Check if this claim is for a community debt ls the claim subject to offset?	intoxicated  ✓ Other. Specify  Attorney fees for this case						
✓ No ☐ Yes	,						

Debtor 1 Alberto C Hernandez		Case number (if known)		
Part 2:	List All of Your NONPRIORITY	/ Unsecured Claims		
No Yes  List all of type of of	of your nonpriority unsecured claims i litor has more than one nonpriority unsec claim it is. Do not list claims already inclu	Claims against you?  Submit this form to the court with your other schedules.  In the alphabetical order of the creditor who holds each claim.  Bured claim, list the creditor separately for each claim. For each claim listed, identify what added in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2.  Total claim		
Charlotte City Who incurre Debtor 1 Debtor 2 Debtor 1 At least c	ditor's Name kruptcy treet Fryon Street  NC 28255 State ZIP Code d the debt? Check one. only	## Student loans    Debts to pension or profit-sharing plans, and other similar debts   Student Card		
Carol Strea City Who incurre Debtor 1 Debtor 2 Debtor 1 At least c	ditor's Name an InfoSource LP as agent treet 08  IL 60197-5008 State ZIP Code d the debt? Check one. only	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Account		

After listing any entries on this page, number them sequentially from the previous page.  4.3 \$146.00  Enhanced Recovery Co L   Last 4 digits of account number   2   0   8   4    Nonpriority Creditor's Name   8014 Bayberry Rd   When was the debt incurred?   02/2017    Number   Street   Contingent   Unliquidated   Disputed    Jacksonville   FL   32256    City   State   ZIP Code   Type of NONPRIORITY unsecured claim:
## Total claim    4.3
Enhanced Recovery Co L  Nonpriority Creditor's Name 8014 Bayberry Rd  Number Street   As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Disputed
Nonpriority Creditor's Name 8014 Bayberry Rd  Number Street  —————————————————————————————————
8014 Bayberry Rd  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  Disputed  Disputed
As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  City
Jacksonville FL 32256  City State 7/10 Code
Jacksonville FL 32256
City Ctota 7ID Code
Oily State All Gode IVND Of NONDRIGHT A TINEDCTIFE CISIM.
Who incurred the debt? Check one.
Debtor 1 only  Obligations arising out of a separation agreement or divorce
Debtor 2 only  that you did not report as priority claims  Debtor 1 and Debtor 2 only
At least one of the debtors and another
☐ Check if this claim is for a community debt  Collection Attorney  Other. Specify  Collection Attorney
Is the claim subject to offset?
☑ No
Yes Original Creditor Names AT I DIDECTY
Original Creditor Name: AT T DIRECTV
<u>\$2,384.00</u>
Internal Revenue Service Last 4 digits of account number
Nonpriority Creditor's Name 1100 Commerce Street, MC 5026 DAL When was the debt incurred?
Number Street As of the date you file, the claim is: Check all that apply.
Contingent
Disputed
Dallas TX 75242  City State ZIP Code Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim:  State ZIP Code Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:
Debtor 1 only  Obligations arising out of a separation agreement or divorce
Debtor 2 only that you did not report as priority claims
At least one of the debtors and another
☐ Check if this claim is for a community debt  ☐ Check if this claim is for a community debt  ☐ Taxes
Is the claim subject to offset?
☑ No □ Yes

Debtor 1 Alberto C Hernandez			Case number (if known)
Part 3: List	Others to B	e Notified Abo	ut a Debt That You Already Listed
For example, i creditor in Par debts that you	f a collection a ts 1 or 2, then l listed in Parts	gency is trying to ist the collection a	ified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. collect from you for a debt you owe to someone else, list the original agency here. Similarly, if you have more than one creditor for any of the litional creditors here. If you do not have additional parties to be notified for nit this page.
FOURSCORE RE	SOURCE CAI	PITAL LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name c/o Portfolio Recovery Associates, LLC			Line <b>4.1</b> of <i>(Check one)</i> :  Part 1: Creditors with Priority Unsecured Claims
Number Street			· · / <b>_</b> ·
PO BOX 7999			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 4 8 6 5
SAINT CLOUD	MN	56302-9617	
City	State	ZIP Code	_
Internal Revenue	Service		On which entry in Part 1 or Part 2 did you list the original creditor?
Name Mail Code 5026 D	AL		Line <b>2.1</b> of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
1100 Commerce	Street, Room	9A20	— Tan 2. Stockets man nonpholicy shoosards stands
Dellee	TV	75242	— Last 4 digits of account number
Dallas City	TX State	<b>75242</b> ZIP Code	<del>_</del>
On,	State	2.i 0000	

Debtor 1 A	Alberto C Hernandez	Case number (if known)	

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
nom rait i	6b.	Taxes and certain other debts you owe the government	6b.	\$6,486.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>+</b>	\$3,620.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$10,106.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	<sup>6i.</sup> +	\$5,118.77
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$5,118.77

Fill in this inf	ormation to iden				
Debtor 1	Alberto First Name	C Middle Name	Hernandez Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS					
Case number (if known)					Check if this is an amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this i	nformation to i	dentify your case	:		
Debtor 1	Alberto	С	Hernandez	7	
	First Name	Middle Name	Last Name	_	
Debtor 2				_	
(Spouse, if filin	g) First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for	r the: <b>NORTHERN D</b>	ISTRICT OF TEXAS	_	
Case number				Chook if this is on	
(if known)				Check if this is an amended filing	
				_	
Official For	m 106H				
		- h			4045
Schedule I	H: Your Code	eptors			12/15
two married peo needed, copy th page. On the to	ople are filing toge ne Additional Page op of any Additiona	ther, both are equally , fill it out, and numbe Il Pages, write your n	responsible for supplying er the entries in the boxes o ame and case number (if kr	Be as complete and accurate as possible. If correct information. If more space is in the left. Attach the Additional Page to this nown). Answer every question.	
1. Do you hav ☑ No ☐ Yes	e any codebtors?	(If you are filing a jo	int case, do not list either spo	use as a codebtor.)	
	•			ory? (Community property states and territories fexas, Washington, and Wisconsin.)	
ш	o to line 3.				
		mer spouse, or legal e	quivalent live with you at the	time?	
☑ Y	io Čes				
		odebtors. Do not incl	ude vour spouse as a code	btor if your spouse is filing with you. List the	
person sho creditor on	own in line 2 again Schedule D (Offic	as a codebtor only if ial Form 106D), <i>Sche</i>	that person is a guarantor edule E/F (Official Form 106	or cosigner. Make sure you have listed the E/F), or <i>Schedule G</i> (Official Form 106G). Use	
Schedule I	D. Schedule F/F. or	Schedule G to fill or	ıt Column 2		

Column 1: Your codebtor Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this infor	rmation to	identify your case:				
Debtor 1	Alberto	С	Hernar	ndez		
	First Name	Middle Name	Last Nam	ne	Che	eck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nam	10	_  _	An amended filing
United States Bar			DISTRICT OF			A supplement showing postpetition
Case number	ikrupicy Court	ior the. Notification	DISTRICT OF	ILAAO	-	chapter 13 income as of the following dat
(if known)						MM / DD / YYYY
Official Form 1	1061					
Schedule I: Y	our Inco	ne				12/1
responsible for sup nclude information about your spouse. your name and case	plying correct about your s If more spac	t information. If you are pouse. If you are separ e is needed, attach a se nown). Answer every c	e married and no rated and your s eparate sheet to	ot filing jointly, pouse is not fi	and your ling with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1. Fill in your emp	oloyment	-				
If you have more	e than one		Debtor 1			Debtor 2 or non-filing spouse
job, attach a sep with information		Employment status	☐ Employed  ✓ Not employed			<ul><li>☐ Employed</li><li>☐ Not employed</li></ul>
additional emplo		Occupation		ed subcontra	ctor	- Not employed
Include part-time	e, seasonal,	Occupation	<u>Jen employe</u>	eu subcontra	Ctoi	_
or self-employed		Employer's name	Perfect timir	ng restoration	1	
Occupation may	/ include	Employer's address				
student or home applies.	emaker, if it		Number Street			Number Street
			City	State	Zip Code	City State Zip Code
		How long employed t	here? <u>1 yea</u>	r	_	
Part 2: Give	. Details Δh	out Monthly Incom	۵			
				othing to report	for any line	, write \$0 in the space. Include your
non-filing spouse unle	•	•				
	· .	e more than one employ arate sheet to this form.	er, combine the i	nformation for a	all employe	rs for that person on the lines below. If
				For Do	ebtor 1	For Debtor 2 or non-filing spouse
		alary, and commissions d monthly, calculate what		2 ge	\$0.00	
3. Estimate and lis	st monthly ov	ertime pay.		3. +	\$0.00	
I. Calculate gross	s income Ad	d line 2 + line 3		4.	\$0.00	
. Calculate gross	o moome. At	MINO Z I IIIIC J.		T	Ψυ.υυ	J []

Official Form 106I Schedule I: Your Income page 1

Debi	alberto C Hernandez		Case nui	mber (if know	n)	
			For Debtor 1	For Debto non-filing		
	Copy line 4 here	<b>→</b> 4.	\$0.00			
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00			
	5b. Mandatory contributions for retirement plans	5b.	\$0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00			
	5d. Required repayments of retirement fund loans	5d.	\$0.00			
	5e. Insurance	5e.	\$0.00			
	5f. Domestic support obligations	5f.	\$0.00			
	5g. Union dues	5g.	\$0.00			
	5h. Other deductions. Specify:	5h.	+\$0.00			
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	+ 6.	\$0.00			
7.	Calculate total monthly take-home pay. Subtract line 6 from line	4. 7.	\$0.00			
8.	List all other income regularly received:			'		
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$4,917.34			
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00			
	8e. Social Security	8e.	\$0.00			
	8f. Other government assistance that you regularly receive		<del></del>			
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00			
	8g. Pension or retirement income	 8g.	\$0.00	·		
	8h. Other monthly income.	· ·	***	-		
	Specify:	8h.	+\$0.00			
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8l	h. 9.	\$4,917.34			
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse	10.	\$4,917.34	+		\$4,917.34
11.	State all other regular contributions to the expenses that you list in		ule J.			
	Include contributions from an unmarried partner, members of your house friends or relatives.			ur roommates	, and othe	r
	Do not include any amounts already included in lines 2-10 or amounts		, ,	expenses list		
	Specify:				11. +	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 1 income. Write that amount on the Summary of Your Assets and Liabilitif it applies.				12.	\$4,917.34 Combined
4.5						monthly income
13.	Do you expect an increase or decrease within the year after you fil	e this fo	orm?			
	✓ No. None.  Yes. Explain:					

Official Form 106l Schedule I: Your Income page 2

Debtor 1 Al	lberto C Hernandez		Case number (if known)	
8a. Attached S	Statement (Debtor 1)			
	Self employed subo	contractor Perfect	Timing Restoration	
Gross Month	ly Income:			\$6,500.00
Expense		Category	Amount	
Truck expense Supplies and		Transportation Cost of Goods Sold	\$1,236.00 \$346.66	
Total Monthly	y Expenses			\$1,582.66
Net Monthly I	Income:			\$4,917.34

Official Form 106l Schedule I: Your Income page 3

Fi	II in this inform	nation to identi	fy your case:			Cha	ole if this	- i	
	Debtor 1	Alberto	С	Herna	andez	1 _	eck if this	s is: ended filing	
	Scotor 1	First Name	Middle Name	Last Na			A supp	plement showing or 13 expenses a	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	me	-	•	ng date:	s or the
ι	Jnited States Bankr	ruptcy Court for the	NORTHERN D	ISTRICT OF	TEXAS		MM / E	DD / YYYY	_
	Case number (if known)								
Off	ficial Form 10	)6J				_			
Sc	hedule J: Yo	ur Expense	S						12/15
cori nam	rect information. In	f more space is ne	eded, attach anoth wer every question	er sheet to t	ing together, both a his form. On the to	-	-		
1.	Is this a joint cas								
2.	_ No	<b>Debtor 2 live in a so</b>	eparate household e Official Form 106 No		s for Separate House				
	Do not list Debtor Debtor 2.	一	Yes. Fill out this ir for each depender		Dependent's related Debtor 1 or Debtor		p to	Dependent's age	Does dependent live with you?
	Do not state the do names.	ependents'							Yes No No No No No No No No Yes No Yes
3.	Do your expense expenses of peopyourself and your	ole other than	☑ No □ Yes						No Yes
Pa	art 2: Estima	ate Your Ongoi	ng Monthly Exp	oenses					
to re		of a date after the		-	re using this form a supplemental Scho				
			n government assi		know the value of cial Form 106l.)			Your expens	ses
4.			enses for your resi any rent for the grou					4.	
	If not included in	line 4:							
	4a. Real estate ta	axes						4a	
	4b. Property, hon	neowner's, or rente	r's insurance					4b	
	4c. Home mainte	nance, repair, and	upkeep expenses					4c	\$400.00
	4d. Homeowner's	association or cor	dominium dues					4d.	

Debt	or 1 Alberto C Hernandez	Case number (if known)	
		Your expenses	5
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$240.00
	6b. Water, sewer, garbage collection	6b	\$115.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$215.00
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies	7.	\$400.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	\$80.00
10.	Personal care products and services	10.	\$75.00
11.	Medical and dental expenses	11.	\$100.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
14.	Charitable contributions and religious donations	14.	
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	\$187.00
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$127.00
	15d. Other insurance. Specify:	15d	
16.	<ul><li>Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.</li><li>Specify: self employment taxes</li></ul>	16.	\$300.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you.  Specify: elderly mother support	19.	\$150.00

Deb	tor 1	Alberto C Hernandez	Case number (if known)	
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	
21.	Othe	Specify: Pet Expenses	<sup>21.</sup> +	\$180.00
22.	Calcu	late your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$2,869.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	_
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,869.00
23.	Calcu	late your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$4,917.34
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b>	\$2,869.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$2,048.34
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you e ent to increase or decrease because of a modification to the terms of your mortga	. ,	
		No		
		Yes. Explain here: None.		
		Notice.		

					1	
			identify your case			
D	ebtor 1	Alberto First Name	C Middle Name	Hernandez Last Name		
	ebtor 2	ng) First Name	Middle Name	Lost Name		
				Last Name		
		Bankruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF TEXAS		
	ase number f known)				☐ Check if amended	
Of	fficial For	m 106Sum				
Sı	ummary	of Your Ass	ets and Liabilit	ies and Certain Stati	istical Information	12/15
scl	nedules after		inal forms, you must f			
1.	Schedule A	NB: Property (Offici	al Form 106A/B)			value of what you own
	1a. Copy	line 55, Total real e	state, from Schedule A	/B		\$240,100.00
	1b. Copy	line 62, Total perso	nal property, from Sche	dule A/B		\$18,042.72
	1c. Copy	line 63, Total of all	property on Schedule A	/B		\$258,142.72
F	art 2:	Summarize You	ır Liabilities		•	
						Your liabilities Amount you owe
2.				Property (Official Form 106D) claim, at the bottom of the last	page of Part 1 of Schedule D	\$70,389.67
3.				s (Official Form 106E/F) ured claims) from line 6e of Sche	edule E/F	\$10,106.00
	3b. Copy	the total claims fron	n Part 2 (nonpriority uns	secured claims) from line 6j of S	chedule E/F	\$5,118.77
					Your total liabilities	\$85,614.44
P	art 3:	Summarize You	ır Income and Exp	enses		
4.		: Your Income (Office Combined monthly is	,	Schedule I		\$4,917.34

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$2,869.00

Del	otor 1	Alberto C Hernandez Cas	se number (if known)	
P	art 4	Answer These Questions for Administrative and Statistical	Records	
6.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?		
		No. You have nothing to report on this part of the form. Check this box and submit Yes	it this form to the court with your other schedules.	
7.	Wha	at kind of debt do you have?		
		Your debts are primarily consumer debts. Consumer debts are those "incurred family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistica Your debts are not primarily consumer debts. You have nothing to report on this form to the court with your other schedules.	l purposes. 28 U.S.C. § 159.	
8.		m the Statement of Your Current Monthly Income: Copy your total current month cial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ly income from \$4,942.00	)_
9.	Сор	by the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i>		
			Total claim	
	Froi	m Part 4 on <i>Schedule E/F,</i> copy the following:		
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.00	
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$6,486.00	
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d.	Student loans. (Copy line 6f.)	\$0.00	
	9e.	Obligations arising out of a separation agreement or divorce that you did not report priority claims. (Copy line 6g.)	t as \$0.00	
	Of	Debte to penalen or profit charing plane, and other similar debte. (Conviling 6h.)	<b>→</b> \$0.00	

9g. Total. Add lines 9a through 9f.

\$6,486.00

Fill in this in	formation to i	identify your case	:		
Debtor 1	Alberto	С	Hernandez	_	
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	) First Name	Middle Name	Last Name	-	
United States Ba	ankruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF TEXAS	_	
Case number				☐ Check if this is an	
(if known)				amended filing	
Official Form	n 106Dec				
Declaration	About an I	Individual Debt	or's Schedules	1	2/15
	gn Below				
_ ,,	or agree to pay	someone who is NOT	an attorney to help you fill o	ut bankruptcy forms?	
☑ No				Allert Berlande British Brown to Marie	
∐ Yes. N	lame of person _			Attach Bankruptcy Petition Preparer's Notice  Declaration, and Signature (Official Form 11	
Under penal true and cor		eclare that I have read	the summary and schedule	s filed with this declaration and that they are	
X /s/ Alher	to C Hernande	7	X		

Signature of Debtor 2

MM / DD / YYYY

Date

Alberto C Hernandez, Debtor 1

MM / DD / YYYY

Date <u>07/15/2022</u>

				<u></u>	
Fill in this inf	ormation to	identify your case	:		
Debtor 1	Alberto	С	Hernandez	$\neg$	
	First Name	Middle Name	Last Name	_	
Debtor 2				_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF TEXAS	_	
Case number					
(if known)				Check if this is an amended filing	
Official Forms	407				
Official Form					
Statement of	of Financia	Affairs for Ind	ividuals Filing for	Bankruptcy	04/22
	•	nown). Answer every out Your Marital S	question. Status and Where You	Lived Before	
		_			
<ol> <li>What is your</li> <li>Married</li> </ol>	current marital	status?			
✓ Not marri	ed				
_		vou lived anywhere o	ther than where you live n	iow?	
No	,	, ,			
Yes. List	all of the places	you lived in the last 3 y	ears. Do not include where	you live now.	
		•	• .	a community property state or territory?	
, , ,	property states ar and Wisconsin.)	nd territories include Ari	zona, California, Idaho, Lou	isiana, Nevada, New Mexico, Puerto Rico, Texas,	
<b>☑</b> No					
☐ Yes. Mak	ke sure you fill οι	ıt Schedule H: Your Co	debtors (Official Form 106H)	).	

	otor 1	Alberto C Hernandez		Case nur	mber (if known)	
P	art 2:	Explain the Sources of	Your Income			
4.	Fill in th	u have any income from employ ne total amount of income you record if it is a joint case and you have so. Fill in the details.	eived from all jobs and all bu	usinesses, including par	t-time activities.	lendar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ary 1 of the current year until u filed for bankruptcy:	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>	\$39,000.00	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	
		endar year:  December 31, 2021 )  YYYY	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$30,840.00 (est.)	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	
		endar year before that:  December 31, 2020 )	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$30,840.00 (est.)	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	
5.	Include unempl	u receive any other income during income regardless of whether that loyment; and other public benefit publing and lottery winnings. If you 1.	it income is taxable. Examposyments; pensions; rental in	les of other income are ncome; interest; dividen	ds; money collected from la	awsuits; royalties;
	<b>☑</b> No	ch source and the gross income from the the gross income growth and the growth	om each source separately.	Do not include income	that you listed in line 4.	

	rily consumer imarily consul a personal, fam bankruptcy, dic	debts? mer debts. Consur	mer debts are define	
Per Debtor 1's or Debtor 2's debts prima  Neither Debtor 1 nor Debtor 2 has pr "incurred by an individual primarily for a  During the 90 days before you filed for  No. Go to line 7.  Yes. List below each creditor to wh	rily consumer imarily consul a personal, fam bankruptcy, dic	debts? mer debts. Consur	mer debts are define	
Neither Debtor 1 nor Debtor 2 has pr "incurred by an individual primarily for a During the 90 days before you filed for  No. Go to line 7.  Yes. List below each creditor to wh	imarily consul a personal, fam bankruptcy, did	mer debts. Consurilly, or household pu	irpose."	
<ul><li>No. Go to line 7.</li><li>Yes. List below each creditor to wh</li></ul>		l you pay any credit	or a total of \$7,575*	or more?
Yes. List below each creditor to wh				
,	ditor. Do not in	clude payments for	domestic support of	obligations, such as
* Subject to adjustment on 4/01/25 and	every 3 years	after that for cases	filed on or after the	date of adjustment.
Debtor 1 or Debtor 2 or both have pr	imarily consur	ner debts.		
During the 90 days before you filed for	bankruptcy, dic	l you pay any credit	or a total of \$600 or	more?
☐ No. Go to line 7.				
creditor. Do not include paym	ents for domes	stic support obligation	ons, such as child s	
	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
ales		\$1,250.00		☐ Mortgage
	07/15/2022			— ☐ Car
et	-			☐ Credit card ☐ Loan repayment
	-			Suppliers or vendors Other
State ZIP Code	=			
include your relatives; any general partne ons of which you are an officer, director, cluding one for a business you operate a child support and alimony.	ers; relatives of person in contr	any general partner	rs; partnerships of w or more of their vot	hich you are a general partner; ing securities; and any managing
i	total amount you paid that crechild support and alimony. All  * Subject to adjustment on 4/01/25 and  Debtor 1 or Debtor 2 or both have properties of the policy of the po	Yes. List below each creditor to whom you paid a stotal amount you paid that creditor. Do not in child support and alimony. Also, do not include * Subject to adjustment on 4/01/25 and every 3 years  Debtor 1 or Debtor 2 or both have primarily consurd During the 90 days before you filed for bankruptcy, did No. Go to line 7.  Yes. List below each creditor to whom you paid a storeditor. Do not include payments for domest Also, do not include payments to an attorney.  Dates of payment  ales  O7/15/2022  et  State ZIP Code  year before you filed for bankruptcy, did you make a include your relatives; any general partners; relatives of ons of which you are an officer, director, person in controcluding one for a business you operate as a sole propries child support and alimony.	Yes. List below each creditor to whom you paid a total of \$7,575* or n total amount you paid that creditor. Do not include payments for child support and alimony. Also, do not include payments to an *Subject to adjustment on 4/01/25 and every 3 years after that for cases  Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any credit No. Go to line 7.  Yes. List below each creditor to whom you paid a total of \$600 or mor creditor. Do not include payments for domestic support obligatic Also, do not include payments to an attorney for this bankruptcy  Dates of payment paid \$1,250.00  07/15/2022  State ZIP Code  Year before you filed for bankruptcy, did you make a payment on a debt include your relatives; any general partners; relatives of any general partners ons of which you are an officer, director, person in control, or owner of 20% cluding one for a business you operate as a sole proprietor. 11 U.S.C. § 10 child support and alimony.	Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more total amount you paid that creditor. Do not include payments for domestic support or child support and alimony. Also, do not include payments to an attorney for this barn.  * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or No. Go to line 7.    Yes. List below each creditor to whom you paid a total of \$600 or more and the total amound creditor. Do not include payments for domestic support obligations, such as child sure Also, do not include payments to an attorney for this bankruptcy case.    Dates of payment

Deb	tor 1	Alberto C Hernandez Case number (if known)
В.	benefit	1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that ed an insider?
		payments on debts guaranteed or cosigned by an insider.
	✓ No ☐ Yes	s. List all payments that benefited an insider.
P	art 4:	Identify Legal Actions, Repossessions, and Foreclosures
9.	List all	1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody ations, and contract disputes.
	✓ No ☐ Yes	s. Fill in the details.
10.	seized,	1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, or levied?  all that apply and fill in the details below.
		Go to line 11. s. Fill in the information below.
11.		90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any is from your accounts or refuse to make a payment because you owed a debt?
	✓ No	s. Fill in the details.
12.		1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of rs, a court-appointed receiver, a custodian, or another official?
	✓ No ☐ Yes	
P	art 5:	List Certain Gifts and Contributions
13.	Within	2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?
	✓ No	s. Fill in the details for each gift.
14.		2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 charity?
	✓ No ☐ Yes	s. Fill in the details for each gift or contribution.
P	art 6:	List Certain Losses
15.		1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, isaster, or gambling?
	✓ No	s. Fill in the details.

Debtor 1		Alberto C	Hernar	ndez	C	ase number (if kr	nown)	
P	art 7:	List Cer	tain P	ayments or	Transfers			
16.		-	•		otcy, did you or anyone else acting on y nkruptcy or preparing a bankruptcy petit		or transfer any pro	perty to
	Include	any attorney	s, bankı	uptcy petition p	reparers, or credit counseling agencies for	r services require	d for your bankrupt	cy.
	□ No ✓ Yes	. Fill in the o	details.					
Law Office of Alice Bower Person Who Was Paid			ower			Description and value of any property transferred \$1000 paid. \$655 for attorney fees. \$313 court		Amount of payment
642	1 Camp	Bowie Blv	/d. Sui	te 300	cost of credit counseling directly.	<b>,</b>	05/25/2022	\$655.00
Num					-			
					-			
	t Worth		TX	76116	_			
City			State	ZIP Code				
Ema	il or websit	e address			-			
					_			
	Within anyone Do not i	who promis	e you fi sed to h	led for bankru elp you deal w	otcy, did you or anyone else acting on y vith your creditors or to make payments you listed on line 16.			perty to
18.		-	-		uptcy, did you sell, trade, or otherwise to se of your business or financial affairs?		perty to anyone, ot	her than
		•			s made as security (such as granting of a s nave already listed on this statement.	security interest o	r mortgage on your	property).
	✓ No ☐ Yes	. Fill in the o	details.					
19.		-	-		ruptcy, did you transfer any property to called asset-protection devices.)	a self-settled tru	ust or similar devic	e of which
	✓ No ☐ Yes	. Fill in the o	details.					

Deb	otor 1	Alberto C Hernandez Case number (if known)
P	art 8:	List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units
20.	benefit, Include	I year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your closed, sold, moved, or transferred?  checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage pension funds, cooperatives, associations, and other financial institutions.
	✓ No ☐ Yes	. Fill in the details.
21.	•	now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository urities, cash, or other valuables?
	✓ No ☐ Yes	. Fill in the details.
22.	✓ No	ou stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  . Fill in the details.
P	art 9:	Identify Property You Hold or Control for Someone Else
23.	-	hold or control any property that someone else owns? Include any property you borrowed from, are storing for, in trust for someone.
	✓ No ☐ Yes	. Fill in the details.
P	art 10:	Give Details About Environmental Information
For	the purp	ose of Part 10, the following definitions apply:
ı	nazardou	nental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of is or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, statutes or regulations controlling the cleanup of these substances, wastes, or material.
		ns any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites.
		us material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic se, hazardous material, pollutant, contaminant, or similar item.
Rep	ort all no	otices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has any law?	governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental
25.	Have yo	. Fill in the details.  ou notified any governmental unit of any release of hazardous material?  . Fill in the details.

Del	btor 1	Alberto C Hernandez	Case number (if known)
26. Have y orders			istrative proceeding under any environmental law? Include settlements and
	☑ No	es. Fill in the details.	
P	art 11:	Give Details About Your Busin	ness or Connections to Any Business
27.	Within busine		did you own a business or have any of the following connections to any
	<b>☑</b> No	o. None of the above applies. Go to Part 1	2.
	☐ Ye	es. Check all that apply above and fill in the	e details below for each business.
28.		2 years before you filed for bankruptcy ancial institutions, creditors, or other pa	, did you give a financial statement to anyone about your business? Include rties.
	□ No	es. Fill in the details below.	
P	art 12:	Sign Below	
tha pro or l	t the ans operty by both. 18	swers are true and correct. I understand	cial Affairs and any attachments, and I declare under penalty of perjury dithat making a false statement, concealing property, or obtaining money or case can result in fines up to \$250,000, or imprisonment for up to 20 years,
		C Hernandez, Debtor 1	Signature of Debtor 2
	Date _	07/15/2022	Date
Dic	l vou att	ach additional nages to Your Statement	of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
V	No Yes	aon additional pages to your olatement	or maneral manager mag io. Zamago, (emotar em ior).
Dic	l you pa	y or agree to pay someone who is not a	n attorney to help you fill out bankruptcy forms?
	No Yes. N	ame of person	Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).

B2030 (Form 2030) (12/15)

d. [Other provisions as needed]

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

In	re Alberto C Hernandez	Case No.	
		Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTO	RNEY FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am t that compensation paid to me within one year before the filing of the petition in services rendered or to be rendered on behalf of the debtor(s) in contemplation is as follows:	bankruptcy, or a	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$4	1,250.00
	Prior to the filing of this statement I have received		\$630.00
	Balance Due	\$3	3,620.00
2.	The source of the compensation paid to me was:  ☑ Debtor ☐ Other (specify)		
3.	The source of compensation to be paid to me is:  ☑ Debtor ☐ Other (specify)		
4.	✓ I have not agreed to share the above-disclosed compensation with any of associates of my law firm.	her person unle	ss they are members and
	☐ I have agreed to share the above-disclosed compensation with another perassociates of my law firm. A copy of the agreement, together with a list of compensation, is attached.		
5.	In return for the above-disclosed fee, I have agreed to render legal service for	all aspects of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debt bankruptcy;	or in determining	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and p	olan which may b	pe required;
	c. Representation of the debtor at the meeting of creditors and confirmation he	earing, and any	adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/15/2022	/s/ Alice Bower	
Date	Alice Bower Alice Bower	Bar No. 15148500
	6421 Camp Bowie Blvd. Suite Fort Worth, TX 76116 Phone: (817) 737-5436 / Fax ecf@alicebower.com, alice@	:: (817) 737-2970

/s/ Alberto C Hernandez

Alberto C Hernandez

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Alberto C Hernandez CASE NO

CHAPTER 13

# **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached creditors have been added to the official mailing matrix.

Date 7/15/2022	Signature // Alberto C Hernandez // Alberto C Hernandez
Date	Signature

Attorney General of the United States U.S. Department of Justice 950 Pennsylvania Avenue NW Washington, DC 20530-0001

Bank of America ATTN Bankruptcy 100 North Tryon Street Charlotte, NC 28255

Colonial Savings 2626 West Fwy. Building B Fort Worth, TX 76102

Directv, LLC by American InfoSource LP as agent PO Box 5008 Carol Stream, IL 60197-5008

FOURSCORE RESOURCE CAPITAL LLC c/o Portfolio Recovery Associates, LLC PO BOX 7999 SAINT CLOUD MN 56302-9617

Internal Revenue Service 1100 Commerce Street, MC 5026 DAL Dallas, TX 75242

Internal Revenue Service Insolvency Unit PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service
Mail Code 5026 DAL
1100 Commerce Street, Room 9A20
Dallas, TX 75242

Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346 Tarrant County Linebarger Goggan Blair & Sampson, LLP c/o Melissa L. Palo 2777 N. Stemmons Frwy Suite 1000 Dallas, TX 75207

U.S. Department of Housing and Urban Dev  $451\ 7th\ Street\ S.W.$  Washington, DC 20410

U.S. Department of Justice 717 N. Harwood, Suite 400 Dallas, TX 75201

United States Attorney - Fort Worth Burnett Plaza Suite 1700 801 Cherry Street Unit #4 Fort Worth, TX 76102-6882

United States Attorney Erin Nealy Cox 1100 Commerce St Ste 300 Dallas, TX 75242

William T. Neary US Trustee's Office 1100 Commerce Bldg. 9C60 Dallas, TX 75242

F	III in this inf	ormation to ide	entify your case:		Check as	directed in lines 17 and 21:
De	ebtor 1	Alberto First Name	C Middle Name	Hernandez Last Name	According to Statement:	the calculations required by this
De	ebtor 2					ble income is not determined
(S	Spouse, if filing)	First Name	Middle Name	Last Name		1 U.S.C. § 1325(b)(3).
Ur	nited States Bar	nkruptcy Court for t	the: <b>NORTHERN DI</b>	ISTRICT OF TEXAS		ble income is determined 1 U.S.C. § 1325(b)(3).
	ase number				3. The con	nmitment period is 3 years.
(if	known)				4. The con	nmitment period is 5 years.
<b>○</b> £	ficial Form	1000 1			Check if t	his is an amended filing
	ficial Form					
			f Your Current mitment Perio	t Monthly Income		10/
				ed people are filing together		
info	ormation applie	es. On the top of a	•	neet to this form. Include the state your name and case ncome		
1.	What is your	marital and filing	status? Check one or	only.		
	✓ Not marr	ried. Fill out Colum	nn A, lines 2-11.	,		
	_					
			mns A and B, lines 2-1	11. ed from all sources, derived	during the 6 full r	nonths before you file this
	Fill in the ave bankruptcy con August 31. If in the result.	erage monthly inco ase. 11 U.S.C. § the amount of your Do not include any	ome that you receive 101(10A). For examp r monthly income varie income amount more	ed from all sources, derived ble, if you are filing on Septem ed during the 6 months, add t	ber 15, the 6-month he income for all 6 both spouses own the line, write \$0 in the	th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the space.
	Fill in the ave bankruptcy con August 31. If in the result.	erage monthly inco ase. 11 U.S.C. § the amount of your Do not include any	ome that you receive 101(10A). For examp r monthly income varie income amount more	ed from all sources, derived ble, if you are filing on Septem ed during the 6 months, add t than once. For example, if b	aber 15, the 6-mon the income for all 6 both spouses own t	th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the
2.	Fill in the ave bankruptcy can August 31. If in the result. I income from the result of the result of the result. If income from the result of	erage monthly inco ase. 11 U.S.C. § the amount of your Do not include any hat property in one	ome that you receive 101(10A). For examp r monthly income varie income amount more	ed from all sources, derived ble, if you are filing on Septem ed during the 6 months, add t than once. For example, if b have nothing to report for any	aber 15, the 6-month the income for all 6 toth spouses own the line, write \$0 in the Column A	th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or
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3.	Fill in the ave bankruptcy conduction August 31. If in the result. If income from the income f	rage monthly inco ase. 11 U.S.C. § the amount of your Do not include any hat property in one rages, salary, tips roll deductions). maintenance pays from any source we you or your dependances, and ro	ome that you receive 101(10A). For examp r monthly income varie income amount more column only. If you h , bonuses, overtime, ments. Do not includ which are regularly pendents, including chil married partner, memb	ed from all sources, derived ble, if you are filing on Septemed during the 6 months, add to than once. For example, if because nothing to report for any and commissions  The payments from a spouse.	bber 15, the 6-month the income for all 6 toth spouses own the line, write \$0 in the Column A Debtor 1	th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or
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3. 4.	Fill in the ave bankruptcy conductive August 31. If in the result. It income from the income f	trage monthly inco ase. 11 U.S.C. § the amount of your Do not include any hat property in one trages, salary, tips wroll deductions). maintenance paying from any source we you or your dependent outions from an unrants, parents, and ro ot include payment	ome that you receive 101(10A). For examp r monthly income varie income amount more column only. If you h , bonuses, overtime, ments. Do not includ which are regularly pendents, including chil married partner, memboommates. Do not inc ts you listed on line 3.	ed from all sources, derived ble, if you are filing on Septemed during the 6 months, add to than once. For example, if because nothing to report for any and commissions and commissions because from a spouse.  The payments from a spouse of the spouse of your household, clude payments from a spouse of your household, clude payments from a spouse of your household, clude payments from a spouse.	bber 15, the 6-month the income for all 6 toth spouses own the line, write \$0 in the Column A Debtor 1  \$0.00	th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or
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ebtor 1	Alberto C Herna	indez				Case number (if k		
						Column A Debtor 1	Column B  Debtor 2 or non-filing spouse	,
Net	income from rental ar	nd other real p	oroperty					
		De	ebtor 1	Debtor 2				
	ss receipts (before all uctions)	_	\$0.00		_			
	nary and necessary op enses	erating	\$0.00		– Copy			
	monthly income from re r real property	ental or	\$0.00		here →	\$0.00		
Inte	rest, dividends, and re	oyalties				\$0.00		
Une	mployment compensa	ation				\$0.00		
	not enter the amount if yefit under the Social Se	•						
F	or you			\$0	.00			
F	or your spouse							
Pens was next allow	sion or retirement inc a benefit under the So sentence, do not inclu vance paid by the Unite bility, combat-related in	cial Security A lide any compe ed States Gove	ct. Also, exce ensation, pension ernment in con	pt as stated in the on, pay, annuity, on ection with a	)	\$0.00		
Pens was next allow disal unifo of tit amo	a benefit under the So- sentence, do not inclu	cial Security A de any compe ed States Gove njury or disabili received any r t pay only to ex nich you would	ct. Also, exce insation, pension ernment in condity, or death of retired pay paid stent that it does otherwise be ex	pt as stated in the on, pay, annuity, on nection with a a member of the d under chapter 6 es not exceed the entitled if retired	e or	\$0.00		
Pens was next allow disal unifor of tit amo under	a benefit under the So- sentence, do not inclu- vance paid by the Unite bility, combat-related in ormed services. If you le 10, then include that unt of retired pay to whe er any provision of title ome from all other sou unt. Do not include an	cial Security A de any compe ed States Gove njury or disabili received any r t pay only to ex nich you would 10 other than urces not liste by benefits received.	act. Also, exce ensation, pension ernment in condity, or death of retired pay paid ktent that it doe otherwise be echapter 61 of the ad above. Specived under the	ept as stated in the on, pay, annuity, on nection with a a member of the d under chapter 6 es not exceed the entitled if retired that title.	e or 1 1 Act;	\$0.00		
Pens was next allow disal unifo of tit amo under the amo payr inter or al disal unifo	a benefit under the So- sentence, do not inclu- vance paid by the Unite bility, combat-related in ormed services. If you le 10, then include that unt of retired pay to whe er any provision of title	cial Security A de any compe ed States Gove njury or disabili received any r t pay only to ex nich you would 10 other than urces not liste ny benefits rece ctim of a war cr errorism; or cor nited States Go njury or disabili	act. Also, excensation, pensiternment in contity, or death of retired pay paid attent that it does otherwise be exchapter 61 of the dabove. Specially above. Specially a crime, a crime ampensation, peovernment in city, or death of	ept as stated in the on, pay, annuity, on nection with a a member of the d under chapter 6 es not exceed the entitled if retired that title.  The ecify the source are especial Security against humanity, ension, pay, annuiconnection with a a member of the	e or 1 1 Act; or	\$0.00		
Pens was next allow disal unifo of tit amo under the amo payr inter or al disal unifo	a benefit under the So- sentence, do not inclu vance paid by the Unite bility, combat-related ir ormed services. If you le 10, then include that unt of retired pay to whe er any provision of title orme from all other sou unt. Do not include an ments received as a vic national or domestic te lowance paid by the Ur bility, combat-related ir ormed services. If nece	cial Security A de any compe ed States Gove njury or disabili received any r t pay only to ex nich you would 10 other than urces not liste ny benefits rece ctim of a war cr errorism; or cor nited States Go njury or disabili	act. Also, excensation, pensiternment in contity, or death of retired pay paid attent that it does otherwise be exchapter 61 of the dabove. Specially above. Specially a crime, a crime ampensation, peovernment in city, or death of	ept as stated in the on, pay, annuity, on nection with a a member of the d under chapter 6 es not exceed the entitled if retired that title.  The ecify the source are especial Security against humanity, ension, pay, annuiconnection with a a member of the	e or 1 1 Act; or	\$0.00		
was next allow disal unifor of tit amo under the amo payr inter or al disal unifor and	a benefit under the So- sentence, do not inclu vance paid by the Unite bility, combat-related ir ormed services. If you le 10, then include that unt of retired pay to whe er any provision of title orme from all other sou unt. Do not include an ments received as a vic national or domestic te lowance paid by the Ur bility, combat-related ir ormed services. If nece	cial Security A rde any compe ed States Gove njury or disabili received any r t pay only to ex nich you would 10 other than of urces not liste extra far war cr errorism; or cor nited States Go njury or disabili essary, list other	act. Also, excensation, pensicernment in consity, or death of retired pay paid tent that it does otherwise be exchapter 61 of the dabove. Special of the dabove of the dab	ept as stated in the on, pay, annuity, on nection with a a member of the d under chapter 6 es not exceed the entitled if retired that title.  The ecify the source are especial Security against humanity, ension, pay, annuiconnection with a a member of the	e or 1 1 Act; or	<b>\$0.00</b>		

Deb	or 1	Alberto C Hernandez Case number (if known)	
13.	Calc	culate the marital adjustment. Check one:	
		You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill in 0 below.  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.  Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.	
			\$0.00
14.	You	r current monthly income. Subtract the total in line 13 from line 12.	\$4,942.00
15.		culate your current monthly income for the year. Follow these steps:	
	15a.	Copy line 14 here →	\$4,942.00
		Multiply line 15a by 12 (the number of months in a year).	12
	15b.	The result is your current monthly income for the year for this part of the form	\$59,304.00
16.	Calc	culate the median family income that applies to you. Follow these steps:	
	16a.	Fill in the state in which you live.  Texas	
	16b.	Fill in the number of people in your household.	
	16c.	Fill in the median family income for your state and size of household  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	\$55,441.00
17.	How	do the lines compare?	
		Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is no under 11 U.S.C.</i> § 1325(b)(3). <b>Go to Part 3.</b> Do NOT fill out Calculation of Your Disposable Income (Official Form	122C-2).
	17b.	Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined ut</i> 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2) On line 39 of that form, copy your current monthly income from line 14 above.	ınder <b>).</b>
Pá	ırt 3	Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)	
18.	Сор	y your total average monthly income from line 11.	\$4,942.00
19.	that	uct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's me, copy the amount from line 13.	
	19a.	If the marital adjustment does not apply, fill in 0 on line 19a.	\$0.00
	19b.	Subtract line 19a from line 18.	\$4,942.00

Debtor 1		Alberto C Hernandez	Case number (if known)	
20.	Calc	culate your current monthly income for the year. Follow these steps:		
	20a.	. Copy line 19b	\$4,942.00	
		Multiply by 12 (the number of months in a year).	X 12	
	20b.	. The result is your current monthly income for the year for this part of the for	m	
	20c.	. Copy the median family income for your state and size of household from li	ne 16c	
21.	How	v do the lines compare?		
Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is 3 years</i> . Go to Part 4.				
	Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.			
Ρ	art 4	Sign Below		
	By s	signing here, under penalty of perjury I declare that the information on this stat	ement and in any attachments is true and correct.	
		S/ Alberto C Hernandez Alberto C Hernandez, Debtor 1 Signat	ure of Debtor 2	
	С	Date	NH / PR / 1999/	
		MM / DD / YYYY	MM / DD / YYYY	

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:									
Debtor 1	Alberto First Name	C Middle Name	Hernandez Last Name						
Debtor 2									
(Spouse, if filing) First Name Middle Name Last Name									
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS									
Case number (if known)									

### Official Form 122C-2

## **Chapter 13 Calculation of Your Disposable Income**

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

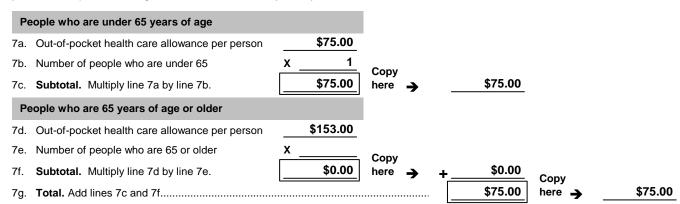
1

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$785.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.



Debto	r 1	Alberto C F	lernandez	Case number (if known)				
Loca	al St	andards	You must use the IRS Local Star	ndards to answer the ques	stions in lines 8-15.			
			rom the IRS, the U.S. Trustee Proes into two parts:	gram has divided the IR	S Local Standard for hous	ing		
		•	s Insurance and operating expe s Mortgage or rent expenses	nses				
the I	ink s	•	ns in lines 8-9, use the U.S. Trustons in lines 8-9, use the U.S. Trustons for this force.	_	· -	g		
8.		_	es Insurance and operating expunt listed for your county for insuran	_		ne 5,	\$571.00	
9.	Hou	sing and utiliti	es Mortgage or rent expenses:					
	9a.		ber of people you entered in line 5, of for mortgage or rent expenses.	fill in the dollar amount lis	\$1,232.00			
	9b.	Total average your home.	monthly payment for all mortgages	and other debts secured	by			
		contractually d	e total average monthly payment, a ue to each secured creditor in the 6 ext divide by 60.		ır			
		Name of the	creditor	Average monthly payment				
		Colonial Sav	vings	\$628.84				
		U.S. Departn	nent of Housing and Urban D	\$172.58				
				+		Repeat this		
		9b. Total aver	age monthly payment	\$801.42 Copy	¢004 40	amount on line 33a.		
	9c.	Net mortgage	or rent expense.					
			b (total average monthly payment) in this number is less than \$0, enter	, ,	\$430.58	Copy here	\$430.58	
10.			e U.S. Trustee Program's division culation of your monthly expense			it .		
	Exp why	lain ::						
11.	Loc	al transportation	on expenses: Check the number o	f vehicles for which you c	laim an ownership or operat	ng expense.		
		0. Go to line 1						
		<ol> <li>Go to line 1</li> <li>or more. Go</li> </ol>						
12.		icle operation	expense: Using the IRS Local Star				\$320.00	
	ope	rating expenses	, fill in the Operating Costs that app	oly for your Census region	n or metropolitan statistical a	rea.		

or 1	Albert	o C Hernandez	Case number (if known)	
expe	ense for e		Local Standards, calculate the net ownership or lease ne expense if you do not make any loan or lease payments on se for more than two vehicles.	
Veh	icle 1	Describe Vehicle 1:		
13a.	. Ownersh	ip or leasing costs using IRS Local Stand	dard	
13b.	. Average	monthly payment for all debts secured b	y Vehicle 1.	
	Do not ir	iclude costs for leased vehicles.		
	amounts	late the average monthly payment here a that are contractually due to each secure file for bankruptcy. Then divide by 60.		
	Name	of each creditor for Vehicle 1	Average monthly payment	
			-	
			+ Repeat this	
		Total average monthly payment	Copy amount on	
		Total average monthly payment	Copy amount on line 33b.	
13c.	. Net Vehi	Total average monthly payment cle 1 ownership or lease expense.	Copy here amount on line 33b.  Copy net Vehicle 1	
13c.			Copy here amount on line 33b.  Copy net Vehicle 1 expense	\$0
		cle 1 ownership or lease expense.	Copy here amount on line 33b.  Copy net Vehicle 1 expense	\$0
	Subtract	cle 1 ownership or lease expense. line 13b from line 13a. If this number is	Copy here amount on line 33b.  Copy net Vehicle 1 expense	\$0
Veh	Subtract	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:	Copy here   amount on line 33b.  Copy net Vehicle 1 expense here  here   here	\$0
Veh	Subtract  sicle 2  . Ownersh	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:  iip or leasing costs using IRS Local Stand	Copy here - amount on line 33b.  Copy net Vehicle 1 expense here - here	\$0
Veh	Subtract  icle 2  . Ownersh  . Average	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:	Copy here - amount on line 33b.  Copy net Vehicle 1 expense here - here	\$0
Veh	Subtract  sicle 2  . Ownersh  . Average costs for	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:  iip or leasing costs using IRS Local Standmonthly payment for all debts secured b	Copy here - amount on line 33b.  Copy net Vehicle 1 expense here - here	\$0
Veh	Subtract  sicle 2  . Ownersh  . Average costs for	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:  ip or leasing costs using IRS Local Standmonthly payment for all debts secured b leased vehicles.	Copy here → — amount on line 33b.  Copy net Vehicle 1 expense here → here → here  Dy Vehicle 2. Do not include  Average monthly	\$0
Veh	Subtract  sicle 2  . Ownersh  . Average costs for	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:  ip or leasing costs using IRS Local Standmonthly payment for all debts secured b leased vehicles.	Copy here → — amount on line 33b.  Copy net Vehicle 1 expense here → here → here  Dy Vehicle 2. Do not include  Average monthly	\$0
Veh	Subtract  sicle 2  . Ownersh  . Average costs for	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:  ip or leasing costs using IRS Local Standmonthly payment for all debts secured b leased vehicles.	dard	\$0
Veh	Subtract  sicle 2  . Ownersh  . Average costs for	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:  ip or leasing costs using IRS Local Standmonthly payment for all debts secured b leased vehicles.	Copy here → — amount on line 33b.  Copy net Vehicle 1 expense here → here → here → line 33b.  Copy net Vehicle 1 expense here →	\$0
Veh	Subtract  sicle 2  . Ownersh  . Average costs for	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:  ip or leasing costs using IRS Local Standmonthly payment for all debts secured b leased vehicles.  of each creditor for Vehicle 2	Copy here → — amount on line 33b.  Copy net Vehicle 1 expense here → → where → here →	\$0
13d. 13e.	Subtract  sicle 2  . Ownersh . Average costs for  Name	cle 1 ownership or lease expense. line 13b from line 13a. If this number is  Describe Vehicle 2:  ip or leasing costs using IRS Local Standmonthly payment for all debts secured b leased vehicles.  of each creditor for Vehicle 2	Copy here → —   amount on line 33b.	\$0

Debto	r 1 Alberto C Hernand	ez	Case number (if known)				
15.		tation expense, you may fill i	in what you	believe is the appr	1 and if you claim that you may opriate expense, but you may	\$0.00	
Othe	er Necessary Expenses	In addition to the expense of following IRS categories.	deductions li	sted above, you a	re allowed your monthly expen	ses for the	
16.	Taxes: The total monthly an employment taxes, Social Se your pay for these taxes. Ho and subtract that number from Do not include real estate, sa	ecurity taxes, and Medicare to wever, if you expect to receive m the total monthly amount the	axes. You n ve a tax refu	nay include the mo ind, you must divid	onthly amount withheld from de the expected refund by 12	\$300.00	
17.	7. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.						
18.	<b>Life insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						
19.	agency, such as spousal or o	child support payments.			rder of a court or administrativ	<u>-</u>	
20.	Education: The total monthl as a condition for your job for your physically or men	o, or				\$0.00	
21.	<ul> <li>for your physically or mentally challenged dependent child if no public education is available for similar services.</li> <li>Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.</li> <li>Do not include payments for any elementary or secondary school education.</li> </ul>						
22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.						
23.	for you and your dependents phone service, to the extent of income, if it is not reimburs	, such as pagers, call waiting necessary for your health and sed by your employer. basic home telephone, interr	g, caller iden d welfare or net and cell	tification, special I that of your deper phone service. Do	o not include self-employment	\$ +\$0.00	
24.	Add all of the expenses allowed Add lines 6 through 23.	owed under the IRS expens	e allowanc	es.		\$2,660.58	
Add	itional Expense Deductions	These are additional d		•			
25.	Health insurance, disability insurance, disability insurance spouse, or your dependents.	•	•	•			
	Health insurance		\$0.00				
	Disability insurance		\$0.00				
	Health savings account	+	\$0.00				
	Total		\$0.00	Copy total here	<b>→</b>	\$0.00	
	Do you actually spend this to	tal amount?					
	☐ No. How much do you a  ✓ Yes	actually spend?					
26.	Continued contributions to will continue to pay for the re member of your household o expenses may include contri	asonable and necessary care rember of your immediate	e and suppo family who	ort of an elderly, ch is unable to pay fo	ronically ill, or disabled r such expenses. These	\$150.00	

Debto	or 1 Alberto C Hernandez	Case number (if known)	
27.	<b>Protection against family violence.</b> The reasonably necessary mon safety of you and your family under the Family Violence Prevention an By law, the court must keep the nature of these expenses confidential.	d Services Act or other federal laws that apply.	\$0.00
28.	<b>Additional home energy costs.</b> Your home energy costs are included on line 8.	d in your insurance and operating expenses	
	If you believe that you have home energy costs that are more than the line 8, then fill in the excess amount of home energy costs.	home energy costs included in expenses on	
	You must give your case trustee documentation of your actual expens amount claimed is reasonable and necessary.	es, and you must show that the additional	
29.	Education expenses for dependent children who are younger than \$189.58* per child) that you pay for your dependent children who are yould be public elementary or secondary school.		\$0.00
	You must give your case trustee documentation of your actual expens claimed is reasonable and necessary and not already accounted for in		
	* Subject to adjustment on 4/01/25, and every 3 years after that for case	ses begun on or after the date of adjustment.	
30.	Additional food and clothing expense. The monthly amount by which higher than the combined food and clothing allowances in the IRS National Standard Standar	onal Standards. That amount cannot be more	
	To find a chart showing the maximum additional allowance, go online instructions for this form. This chart may also be available at the bank	• •	
	You must show that the additional amount claimed is reasonable and	necessary.	
31.	Continuing charitable contributions. The amount that you will conti instruments to a religious or charitable organization. 11 U.S.C. § 548(		\$0.00
	Do not include any amount more than 15% of your gross monthly inco	me.	
32.	Add all of the additional expense deductions. Add lines 25 though 31.		\$150.00

Debto	Debtor 1		Alberto C Hernandez Case no					e number (if known)				
Dec	luctions for Debt Payment											
33.	For d	For debts that are secured by an interest in property that you own, including home mortgages, vehicle										
		loans, and other secured debt, fill in lines 33a through 33e.										
	To calculate the total average monthly payment, add all amounts that are contractually due the 60 months after you file for bankruptcy. Then divide by 60.							ue to each secure	d creditor in			
	the 60	u mor	iths after you file	for bankrupto	y. Then divide by t	00.						
									verage monthly ayment			
		Mor	tgages on your	home				•				
	33a.	Сор	y line 9b here					→	\$801.42			
		Loa	ns on your first	two vehicles								
	33b.	Сор	y line 13b here					→	\$0.00			
	33c.	Сор	y line 13e here					→	\$0.00			
	33d.	List	other secured de	ebts:								
			ach creditor for		Identify property	that	Does pa	-				
	other	secu	ired debt		secures the debt		include	taxes or ce?				
							П	No				
							一 🖥	Yes				
								No				
							- $$	Yes				
							□	No <b>+</b>				
								Yes		Conv total		
	33e.	Tota	l average month	ly payment. A	Add lines 33a throug	gh 33d			\$801.42	Copy total here	\$801.42	
34.	Are a	ny de	ebts that you lis	ted in line 33	secured by your p	orimary res	idence,	a vehicle	e, or other prope	rty		
	nece	ssary	for your suppo	rt or the supp	port of your depen	dents?						
		No.	Go to line 35.									
	Yes. State any amount that you must pay to a creditor, in addition to the payments I possession of your property (called the cure amount). Next, divide by 60 and 1							•				
						ounty. NOXL	, aivide L	y oo and		ion below.		
Nan	ne of t	e of the creditor		Identify property that Total cur secures the debt amount		е		Monthly cure amount				
									umoum			
Col	onial	Savi	ngs	112 Flaxse	ed Ln	\$15,08	5.37	- 60 =	\$251.42			
							-	<del>:</del> 60 =				
						<u> </u>	÷	÷60 = <b>-</b>				
								Total	\$251.42	Copy total	\$251.42	
	Total						<u> </u>	here →	Ψ251.42			
35.					as a priority tax, ch ng date of your ba							
		-	ilat are past due § 507.	as or the ini	ing date or your ba	iliki upicy c	ase:					
	П	No.	Go to line 36.									
	<b>Ø</b>	Yes.			of these priority clair							
			current or ongoi	ng priority cla	ims, such as those	you listed i	n line 19					
			Total amount of	all past-due p	oriority claims		\$8,2		\$8,220.00	÷ 60 =	\$137.00	

Debto	or 1 Alberto C Hernandez	Case number (if known)
36.	Projected monthly Chapter 13 plan payment	\$2,050.00
	Current multiplier for your district as stated on the list issued by the Administra Office of the United States Courts (for districts in Alabama and North Carolina by the Executive Office for United States Trustees (for all other districts).	
	To find a list of district multipliers that includes your district, go online using the specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	
	Average monthly administrative expense	\$186.55 Copy total here \$186.55
37.	Add all of the deductions for debt payment. Add lines 33e through 36.	\$1,376.39
Tota	al Deductions from Income	
38.	Add all of the allowed deductions.	
	Copy line 24, All of the expenses allowed under IRS expense allowances	\$2,660.58
	Copy line 32, All of the additional expense deductions	\$150.00_
	Copy line 37, All of the deductions for debt payment	+ \$1,376.39
	Total deductions	\$4,186.97 Copy total here \$4,186.97
	Determine Your Disposable Income Under 11 U.S.C. §	. , , , ,
39.	Copy your total current monthly income from line 14 of Form 122C-1, Cha Statement of Your Current Monthly Income and Calculation of Commitme	£4.040.00
40.	Fill in any reasonably necessary income you receive for support for deperment of the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part 1 of Form 122C-1, to you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.	r
41.	Fill in all qualified retirement deductions. The monthly total of all amounts your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loaf from retirement plans, as specified in 11 U.S.C. § 362(b)(19).	
42.	Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).  Copy line 38 here	<del>→</del> \$4,186.97
43.	<b>Deduction for special circumstances.</b> If special circumstances justify additexpenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detaile explanation of the special circumstances and documentation for the expenses	ed
	Describe the special circumstances Amount of expense	3
	+	
	Total \$0.00	Copy

Debto	r 1 Albert	to C He	rnandez	Case nı	umber (if known)			
44.	Total adjustn	nents.	Add lines 40 through 43	→[	\$4,186.97	Copy here	<b>→</b> -	\$4,186.97
45.	Calculate you	ur mont	nly disposable income under § 1325(b)(2	). Subtract line 44 from I	ine 39.			\$755.03
Par	t 3: Cha	nge in	Income or Expenses					
	virtually certainformation be	in to cha elow. Fo	expenses. If the income in Form 122C-1 nge after the date you filed your bankruptour example, if the wages reported increased olumn, explain why the wages increased, file	y petition and during the ti after you filed your petition	ime your case wil on, check 122C-1	be open in the fire	, fill in st colu	the ımn, enter
	Form	Line	Reason for change	Date of cha	_	rease or crease?	Am	ount of change
	122C-1					Increase Decreas		
	122C-1 122C-2					Increase Decreas		
	122C-1 122C-2					Increase Decreas		
	122C-1 122C-2					Increase Decreas		
Par	t 4: Sigr	n Belov	v					
	By signing he	re, unde	r penalty of perjury you declare that the info	ormation on this statemen	it and in any attac	hments is	s true	and correct.
	X /s/ Alberto C		rnandez ez, Debtor 1	XSignature of De	ebtor 2			
	Date 7/1	<b>5/2022</b> I / DD / Y	YYY	DateMM / DE	D / YYYY			